Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>08/06/2010</u>	Address:	857 <u>0 E METZ RD</u>	
Case #;	22F46139		ANGOLA, IN	
County:	<u>STY</u> UBEN			
Type of Laboratory Scizure (cheek one)		Scizure Location (check all that apply)		
Chemic	onal Lab :al/Glassware/Equipment (only) ite (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other;	
(check all the Lithium Lithium Red Phe	nd: Location (bedroom, kitchen, open a nat apply) Ammonia Reaction(s): open air osphorous/Iodine Reaction(s): ble Solvents: open air teactive Metal (Lithium): open air ous Ammonia: aloric Acid Gas Generator(s): ve Acid: open air tem and location):			
Child under age 18 discovered (check one) Yes (number present) No *IF yes, fax report to Child Protective Services This report is to be faxed to the following agencies		☐ Ephodrine ☐ Retail/Me ☑ Other: <u>War</u>	Investigative Information ☐ Ephedrine/Pseudocphedrine Tracking Log ☐ Retail/Merchant Tip ☐ Other: Warrant that serve the location:	
Fire Department: Metz Fire Department. Health Department: Steuben Co. Health Dept Child Protection Service: N/A		Fax: <u>2</u> 60 <u>-66</u>	Fax: <u>260-665-513</u> 3 Fax: <u>260-665-14</u> 1 <u>8</u>	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>A. HANDSHOE</u> Phone <u>574-206-2931</u>				

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scone processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.